

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO. HV460181

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION			
NAME (LAST - FIRST - M.I.) CLINTON, SHANTELL D		<input type="checkbox"/> 1. INDOOR	<input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. 9812	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 7433 S STATE ST			
DATE OF APPOINTMENT 09-JUL-2007	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)		
UNIT OF ASSIGNMENT 003	BEAT/CALL NO. 0368A	LOCATION CODE 303-SIDEWALK	BEAT OF OCCURRENCE 0323		
SEX <input type="checkbox"/> 1. M <input checked="" type="checkbox"/> 2. F	RACE BLACK	DATE OF OCCURRENCE 04-SEP-2012	TIME 03:39:00		
HEIGHT 505	WEIGHT 150	DAY OF WEEK TUESDAY	NO. OF OFFICERS BATTERED 4		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED					
<input checked="" type="checkbox"/> 1. ON DUTY <ul style="list-style-type: none"> <li><input type="checkbox"/> A. UNIFORM, PATROL DUTY</li> <li><input type="checkbox"/> B. UNIFORM, OTHER DUTY</li> </ul> <p>Describe _____</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> C. CITIZEN'S DRESS</li> <li><input type="checkbox"/> D. TACTICAL</li> <li><input type="checkbox"/> E. B.L.S. UNIT</li> <li><input type="checkbox"/> F. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> G. OTHER _____</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. OFF DUTY</li> <li><input type="checkbox"/> 3. SPECIAL EMPLOYMENT</li> <li><input type="checkbox"/> 4. SECONDARY / OTHER</li> </ul>		WORKING: <ul style="list-style-type: none"> <li><input type="checkbox"/> A. ALONE</li> <li><input checked="" type="checkbox"/> B. WITH ONE PARTNER</li> <li><input type="checkbox"/> C. WITH MULTIPLE PARTNERS</li> </ul> <p>How many? _____</p> PATROL TYPE: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A. SQUAD CAR</li> <li><input type="checkbox"/> B. FOOT</li> <li><input type="checkbox"/> C. BICYCLE</li> <li><input type="checkbox"/> D. APV/MOTORCYCLE</li> <li><input type="checkbox"/> E. SQUADROL</li> <li><input type="checkbox"/> F. OTHER _____</li> </ul>			
TYPE OF ACTIVITY					
<ul style="list-style-type: none"> <li><input type="checkbox"/> A. AMBUSH -NO WARNING</li> <li><input type="checkbox"/> B. TRAFFIC STOP/PURSUIT</li> <li><input checked="" type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON</li> <li><input type="checkbox"/> D. DISTURBANCE - DOMESTIC</li> <li><input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT</li> <li><input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER</li> <li><input type="checkbox"/> G. DISTURBANCE - OTHER</li> <li><input type="checkbox"/> H. MAN WITH A GUN</li> <li><input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____)</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> K. OTHER _____</li> </ul>		FIREARM USE INFORMATION (Check all that apply): <ul style="list-style-type: none"> <li><input type="checkbox"/> A. FIREARM CALIBER</li> <li><input type="checkbox"/> B. VEHICLE               <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. REVOLVER</li> <li><input type="checkbox"/> 2. SEMI-AUTOMATIC</li> <li><input type="checkbox"/> 3. RIFLE</li> <li><input type="checkbox"/> 4. SHOTGUN</li> </ul> </li> <li><input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT</li> <li><input type="checkbox"/> D. HANDS/FISTS</li> <li><input type="checkbox"/> E. FEET</li> <li><input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.)</li> <li><input type="checkbox"/> G. VERBAL THREAT (ASSAULT)</li> <li><input type="checkbox"/> H. OTHER (SPECIFY) _____</li> </ul>			
TYPE OF INJURY TO OFFICER				OFFENDER INFORMATION	
<ul style="list-style-type: none"> <li><input type="checkbox"/> A. FATAL</li> <li><input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries)</li> <li><input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)</li> <li><input checked="" type="checkbox"/> D. NONE APPARENT/NONE</li> </ul>		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. YES</li> <li><input type="checkbox"/> 2. NO</li> <li><input checked="" type="checkbox"/> 3. UNKNOWN</li> </ul> GANG RELATED? <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. YES</li> <li><input checked="" type="checkbox"/> 2. NO</li> <li><input type="checkbox"/> 3. UNKNOWN</li> </ul> NO. OF OFFENDERS PRESENT? <u>1</u>		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE BLACK    DOB [REDACTED] CB NO. <u>18487818</u> IR NO. _____	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS			
<ul style="list-style-type: none"> <li><input type="checkbox"/> A. DAYLIGHT</li> <li><input checked="" type="checkbox"/> B. NIGHT</li> <li><input type="checkbox"/> C. DAWN</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> D. DUSK</li> <li><input type="checkbox"/> E. ARTIFICIAL LIGHT</li> <li><input type="checkbox"/> F. POOR</li> <li><input type="checkbox"/> G. GOOD</li> </ul>		A. CLEAR <input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> <ul style="list-style-type: none"> <li><input type="checkbox"/> D. FOG / SMOKE / HAZE</li> <li><input type="checkbox"/> E. SLEET / HAIL</li> <li><input type="checkbox"/> F. SEVERE CROSS WIND</li> </ul> APPROXIMATE OUTDOOR TEMPERATURE: <u>70</u>			

None

REPORTING MEMBER - SIGNATURE  
CLINTON, SHANTELL D

STAR NO.  
9012

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
JOHNSON, EDDIE T

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